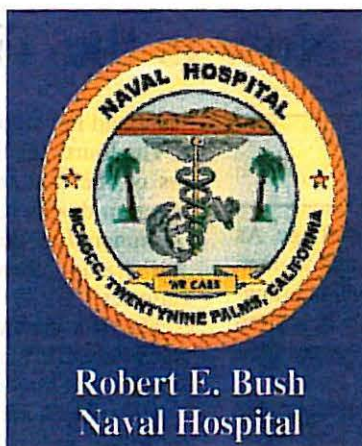




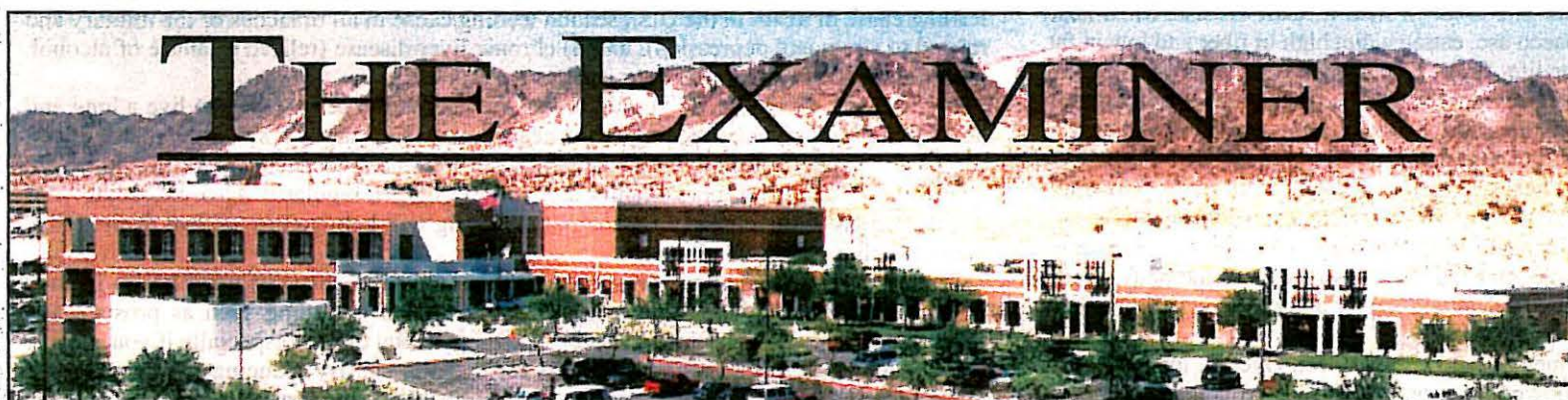
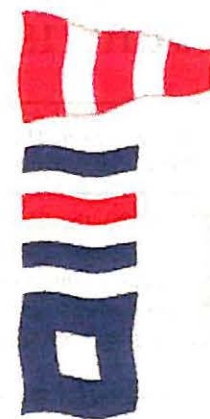
*The June 1942 battle for this small atoll in the Pacific was a turning point in the victory over the Japanese during World War II. For an overview see page 5.*



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Hospital Corps!**



[www.nhttp.med.navy.mil](http://www.nhttp.med.navy.mil)

## Robert E. Bush Naval Hospital Receives International Award

**E**ast Sandwich, MA, May 17, 2005 - Baby-Friendly USA announced today that Robert E. Bush Naval Hospital of Twentynine Palms, California has received prestigious international recognition as a Baby-Friendly hospital.

Baby-Friendly USA is the authority for the implementation of the Baby-Friendly Hospital Initiative ('BFHI'), a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). The initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding mothers and their babies. Based on the Ten Steps to Successful Breastfeeding, this prestigious international award recog-

*Please see AWARD on page 7*

## Hospital Strives to Meet Patient Needs

**R**ecently a patient of the Robert E. Bush Naval Hospital expressed her concern about the hospital not having a ramp outside the Clinic area for strollers or handicap access.

The hospital's Facility Maintenance Department was already aware of this issue for some time. Prior to the terrorist attack on the World Trade Center, plans were in the works to build a handicap parking lot adjacent to and on the same level as the hospital's clinics. However, because of security concerns those plans were modified.

Since then a modified contract was awarded to construct two handicap ramps at the front entrance of the clinics at a cost of around \$37,000. The construction of the ramps provides safer access to the clinics by handicap patients and those with children in strollers.

## NC Celebrating 97th Anniversary



*The Nurse Corps Officers of the Naval Hospital celebrated their 97th Anniversary and National Nurse's Day from the 6th to the 13th of May with a series of special events, culminating with a cake cutting ceremony by Lt. j.g. Alyssa Larkin and Lt. Cmdr. Kathleen Hewitt doing the honors.*

In addition to this project already underway, plans are in the works to construct a side walk next to the Sturgis Street entrance to the hospital. This side walk will eventually tie into the existing sidewalk in front of the hospital clinics allowing safer access to the hospital by pedestrians and those with strollers.

The ramp project was started in mid May with an estimated completion date of around mid June.

## Inside...

**I**n 1900, the life expectancy of both men and women was around 50 years of age. As health care, nutrition and sanitation advanced over the century, both men and women began living longer and more productive lives.  
*page 2*

**J**une is Men's Health Month and a commonly asked question among men is "Do I need prostate cancer screening?" Here is some important information to think about and as always, discuss your decision to screen with your primary care provider!  
*page 3*

**A**s many of you may have noticed there is a bumper crop of snakes this year.  
*page 6*

Visit the Naval Hospital at  
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## Here's to Your Health...

# June is Men's Health Month -- Now is the Time to Assess Your Needs

By Martha Hunt, MA, Health Promotion Coordinator  
Robert E. Bush Naval Hospital

**I**n 1900, the life expectancy of both men and women was around 50 years of age. As health care, nutrition and sanitation advanced over the century, both men and women began living longer and more productive lives. What also occurred at this time, however, was a gap in the number of overall years lived where women slowly started passing men and living longer. On average, women now live six years longer than men.

The reasons for this gender gap in survival is very complex and includes lower heart disease rates in young and middle aged women and women's ability to withstand both physical and social stress better than men.

Overall in the United States, the number one killer of men is heart disease. Most heart disease is preventable by stopping all tobacco use, eating a diet high in fiber and low in fat, exercising, and controlling stress in your life. Over 70 percent of all Marines use some form of tobacco and over half of all Navy personnel use tobacco. Tobacco use in the military is the greatest predictor of early discharge due to health reasons and is second only to alcohol abuse as a drain on the DoD health care system.

Stress is another main indicator of heart health as well as overall health status. Stress left out of control leads to physical strain on the heart and to heart attacks, risky behaviors leading to accidents (the number one cause of death in the military) and suicide (the second leading cause of death in the military). Uncontrolled stress also weakens the body's ability to fight off disease as well as the ability to deal with anger and decision making abilities.

The second leading cause of death for men in the U.S. is cancer. Overall, lung cancer is the leading type of cancer for men, followed by prostate cancer and colorectal cancer. However, for men ages 15 to 35, testicular cancer is the leading cancer type. By not smoking, by eating a diet high in fiber and low in fat, and by regular cancer screening by your health care provider, most cancers can either be prevented or treated.

Overall, the third cause of death for men in the U.S. is stroke. The risk of stroke can be eliminated by a low fat diet, reducing your blood pres-

sure and not smoking.

The fourth leading cause of death in the U.S. and the leading cause of death in all branches of the military is accidental death. This includes both motor vehicle accidents and firearm deaths (both accidental and intentional). The majority of accidental death can be eliminated by not engaging in risky behaviors such as drunken or aggressive driving and by strictly following standard firearm safety procedures to prevent accidental firearm injuries.

The fifth leading cause of death in the U.S. is Chronic Obstructive Pulmonary Disease or COPD. COPD includes emphysema, chronic bronchitis and other chronic lung diseases. COPD is almost entirely preventable by stopping smoking.

The other leading causes of death in the U.S. are also related to stress, tobacco use and nutrition and includes: a) pneumonia and flu deaths (pneumonia is made worse by tobacco use), b) diabetes related death (linked to poor diet and lack of exercise), c) suicide (8th leading cause of death in the U.S., second leading cause in all branches of the military and related to stress and depression), and d) chronic liver disease (related to abuse of alcohol, tobacco use and to viral infections such as hepatitis).

After reading all of this, do you think you are doomed? The best way to live a long and healthy life and prevent diseases such as heart disease and cancer is stress reduction. If you can reduce your stress, you will be better able to stop using tobacco and alcohol to excess and better able to eat a more healthy diet and to exercise regularly. Also, by seeing your health care provider regularly for routine screening will help you to prevent or minimize many life-threatening conditions.

Routine health screenings you should take advantage of for your good health include blood pressure screening, cholesterol screening, cancer screening such as prostate and colon cancer screening, testicular cancer screening, dental exams (especially if you use any form of tobacco), and routine blood tests for anemia, etc. By reducing stress, not using tobacco, using alcohol in moderation, eating sensibly and taking advantage of routine health care screening, you can live a long and healthy life.

## Letters...

### Thanks for the Outstanding Care

Dear Captain Engelhart,

**D**uring my recent visits to the General Surgery and Orthopedics Departments and throughout my subsequent procedures their concern and professionalism was remarkable. I was truly afraid and unsure of the possibilities. Their attention and love for all pulled me through, I am forever grateful.

I am confident my health is improved and again I thank all of you. I feel extremely proud to be a small part of the same team and wish you all continued success and happiness; your efforts have certainly made me feel better.

Sincerely,  
Kenneth A. Florence  
HM1 USN



June 19, 2005

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#### Commanding Officer

Captain Robert J. Engelhart, MSC, USN

#### Executive Officer

Captain Dianne D. Aldrich, NC, USN

#### Public Affairs Officer/Editor

Dan Barber

#### Public Affairs Assistant

HM2 (SW) Erin L. Sjaarda

The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

#### How to reach us...

Commanding Officer Naval Hospital  
Public Affairs Office  
Box 788250 MAGTFTC  
Twentynine Palms, CA 92278-8250  
Com: (760) 830-2362  
DSN: 230-2362  
FAX: (760) 830-2385  
E-mail: d.barber@nhp.med.navy.mil  
Hi-Desert Publishing Company  
56445 Twentynine Palms Highway  
Yucca Valley, CA 92284  
Com: (760) 365-3315  
FAX: (760) 365-8686





## Medical Minute...

## Men's Health Month: Prostate Cancer Screening

By Lt. Catherine O. Durham, MSC, FNP  
Robert E. Bush Naval Hospital

June is Men's Health Month and a commonly asked question among men is "Do I need prostate cancer screening?" Here is some important information to think about-and as always, discuss your decision to screen with your primary care provider!

### Prostate Cancer: What You Need to Know

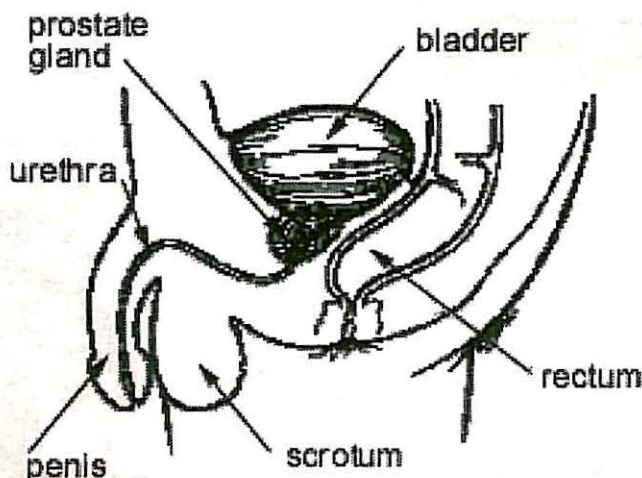
#### What is the prostate gland?

The prostate gland is part of the male reproductive system (see the picture below). The prostate makes a fluid that mixes with sperm and other fluids during ejaculation. A normal prostate is about the size of a walnut.

#### What is prostate cancer?

Cancer is when cells in the body grow out of control. Prostate cancer is a group of abnormal cells in the prostate.

Prostate cancer can be aggressive, which means it grows quickly and spreads to other parts of the body. (When cancer spreads, doctors say the cancer has "metastasized.") Or it may be slow growing and stay in the prostate, causing few if any problems. Three out of



four cases of prostate cancer are of the slow-growing type that is relatively harmless.

#### Who is at risk for prostate cancer?

Prostate cancer is the most common type of cancer found in American men, other than skin cancer. The American Cancer Society estimates that there will be about 179,300 new cases of prostate cancer in the United States this year, and about 37,000 men will die of this disease. For an American man, the lifetime risk of dying from prostate cancer is 3.4 percent.

Although men of any age can get prostate cancer, it is found most often in men over age 50. In fact, more than 8 of 10 men with prostate cancer are over the age of 65.

African-American men are at higher risk than Caucasian men. Men with a family history of prostate cancer are at higher risk too. Family history means that your father or a brother had prostate cancer.

#### Possible Symptoms of Prostate Cancer

Call your doctor if you have any of these symptoms:

- \* Difficulty starting to urinate
- \* Less force to the stream of urine
- \* Dribbling after you finish urinating
- \* Frequent urination
- \* Blood or pus in the urine
- \* Pain or burning feeling while urinating
- \* Pain with ejaculation
- \* Hip or back pain that does not go away over time

#### What if I have one of these symptoms?

Your doctor may examine your prostate by putting a gloved, lubricated finger a few inches into your rectum to feel your prostate gland. This is called a digital rectal exam. A normal prostate feels firm. If there are hard spots on the prostate, your doctor may suspect an abnormality.

Please see **MEN'S HEALTH** on page 7

## Headaches:

## Can you find relief?

By LT. CMDR. Kathleen Hewitt  
Robert E. Bush Naval Hospital

What causes your headaches? For most people, they are an occasional nuisance caused by stress, lack of sleep, or too much wine the night before. For others, headaches are chronic and debilitating, with no obvious cause. There are three classifications of headaches. Tension-type headaches are characterized by a dull ache and cause a tightening of the muscles in the back of the neck and scalp. Cluster-type headaches are severe, one-sided burning or stabbing pain behind the eye occurring in a series that may be as short as 15 minutes or last more than 2-3 hours, which may occur once a day or as frequently as 8 times a day. Migraine headaches are often one-sided, throbbing, and may be accompanied with nausea and vomiting, and worsened by loud

Please see **HEADACHES** on page 6

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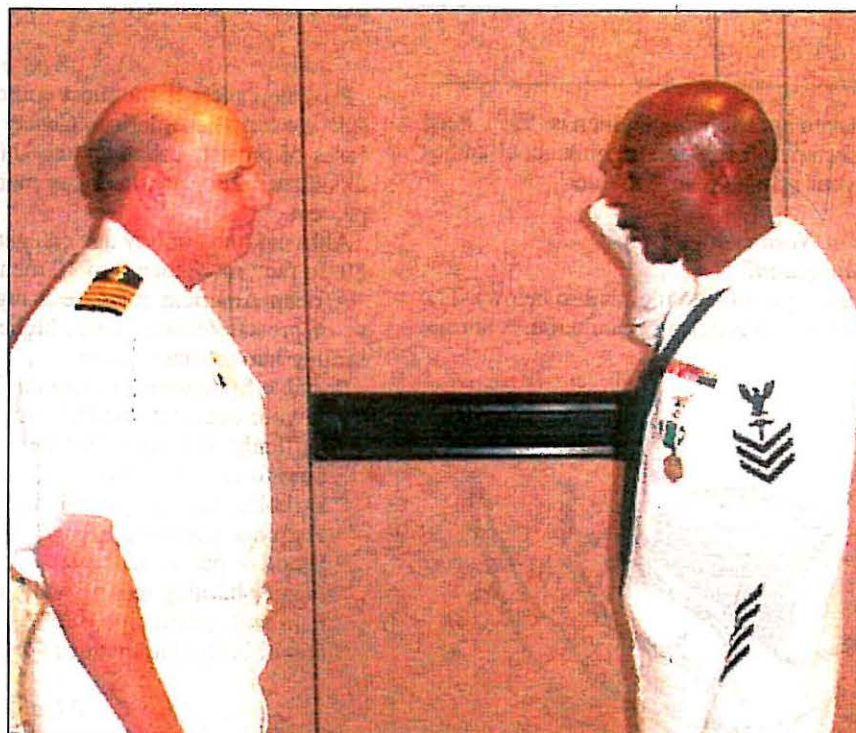




# Super Stars and Hard Chargers...



*Lt. Priscilla DelCarpio, Head, Manpower Department is promoted to her current rank.*



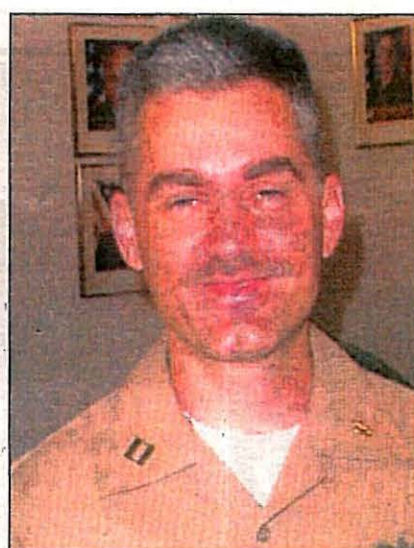
*HM1 Kenneth A. Florence of the Education and Training Department, right, requests permission to go ashore at his recent retirement ceremony from Captain Robert J. Engelhart, Commanding Officer, Robert E. Bush Naval Hospital.*



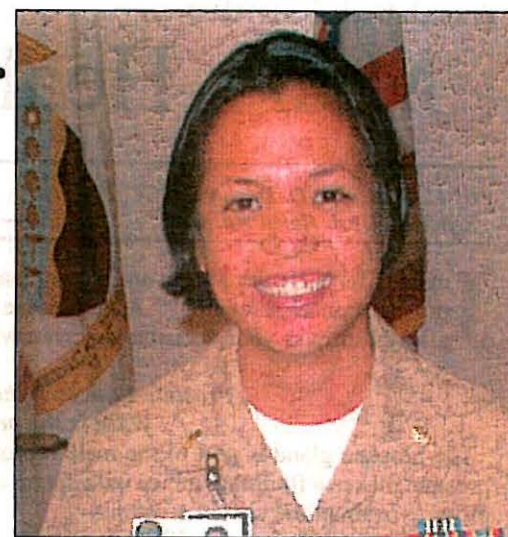
*HM1 Byron Jensen of the Preventive Medicine Department takes the oath at his recent reenlistment ceremony.*



*CSSN Cymande Jackson, of the Food Services Department receives his first Good Conduct Medal.*



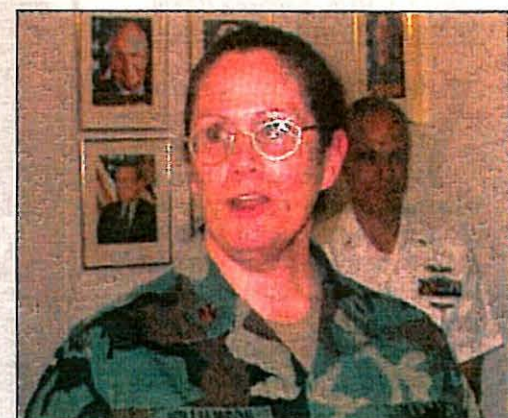
*Lt. Matthew Green, of the hospital's Multi-Service Ward, receives a Navy and Marine Corps Achievement Medal.*



*Lt.j.g. Ayessa Fusilero, Head, Patient Administration Department receives a certificate attesting to her accomplishments in a hospital physical fitness program.*



*Lt. Rosemary Frieson, General Surgery Clinic is honored with the Junior Nursing Excellence Award for 2005.*



*Lt. Cmdr. Jenevieve Williamson, Customer Relations Officer is honored with the Senior Nursing Excellence Award for 2005.*

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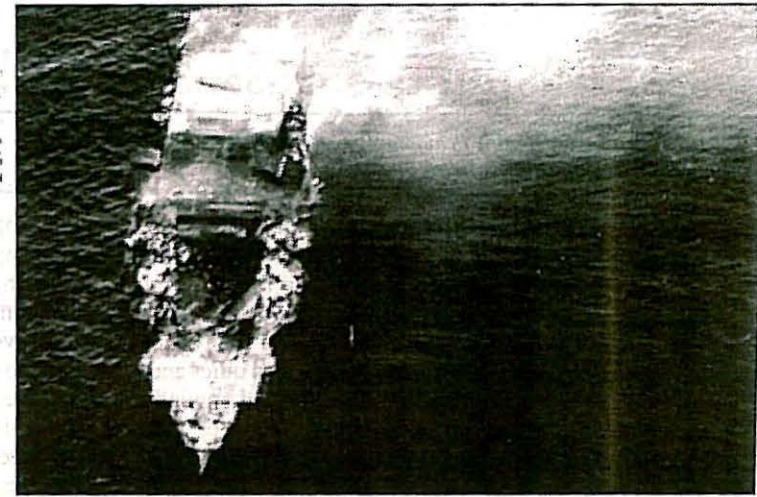


## Battle of Midway, 4-7 June 1942 — Overview

**T**he Battle of Midway, fought over and near the tiny U.S. mid-Pacific base at Midway atoll, represents the strategic high water mark of Japan's Pacific Ocean war. Prior to this action, Japan possessed general naval superiority over the United States and could usually choose where and when to attack. After Midway, the two opposing fleets were essentially equals, and the United States soon took the offensive.

Japanese Combined Fleet commander Admiral Isoroku Yamamoto moved on Midway in an effort to draw out and destroy the U.S. Pacific Fleet's aircraft carrier striking forces, which had embarrassed the Japanese Navy in the mid-April Doolittle Raid on Japan's home islands and at the Battle of Coral Sea in early May. He planned to quickly knock down Midway's defenses, follow up with an invasion of the atoll's two small islands and establish a Japanese air base there. He expected the U.S. carriers to come out and fight, but to arrive too late to save Midway and in insufficient strength to avoid defeat by his own well-tested carrier air power.

Yamamoto's intended surprise was thwarted by superior American communications intelligence, which deduced his scheme well before battle was joined. This allowed Admiral Chester W. Nimitz, the U.S. Pacific Fleet commander, to establish an ambush by having his carriers ready and waiting for the Japanese. On 4 June 1942, in the second of the Pacific War's great carrier battles, the trap was sprung. The perseverance, sacrifice and skill of U.S. Navy aviators, plus a great deal of good luck on the American side, cost Japan four irreplaceable fleet carriers, while only one of the three U.S. carriers present was lost. The base at Midway, though damaged by Japanese air attack, remained operational and later became a vital component in the American trans-Pacific offensive.



*The burning Japanese aircraft carrier Hiryu, photographed by a plane from the carrier Hosho shortly after sunrise on 5 June 1942. Hiryu sank a few hours later. Note collapsed flight deck over the forward hangar. Donation of Kazutoshi Hando, 1970. U.S. Naval Historical Center Photograph.*



*Aerial photograph, looking just south of west across the southern side of the atoll, 24 November 1941. Eastern Island, then the site of Midway's airfield, is in the foreground. Sand Island, location of most other base facilities, is across the entrance channel. Official U.S. Navy Photograph, now in the collections of the U.S. National Archives.*



*Scene on board USS Yorktown (CV-5), shortly after she was hit by three Japanese bombs on 4 June 1942. Dense smoke is from fires in her uptakes, caused by a bomb that punctured them and knocked out her boilers. Taken by Photographer 2nd Class William G. Roy from the starboard side of the flight deck, just in front of the forward 5"/38 gun gallery. Man with hammer at right is probably covering a bomb entry hole in the forward elevator. Official U.S. Navy Photograph, now in the collections of the U.S. National Archives.*



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## Critter de jour!

## Ssssssssnake Sssssssssafety!

Martha Hunt, MA Health Promotions Coordinator  
Robert E. Bush Naval Hospital

**A**s many of you may have noticed there is a bumper crop of snakes this year. With all of the rain we had during the winter, we have had a bloom in plant life in the desert which leads to a baby boom in rodents and consequently snakes that live off the rodents. Snakes love to hide and burrow where it is quiet and dark and cool. There are 7000 venomous snake bites reported annually in the United States leading to 15 fatalities, placing the chance of survival at roughly 499 out of 500. Approximately 3000 of these bites are classed as "illegitimate," meaning these bites occurred while the victim was handling or molesting the snake. Don't tease snakes! They bite to defend themselves and the snake usually ends up paying for your teasing with its life.

Of those bites that are not provoked by people, most are below the knee and half are dry (meaning that no venom was injected). Squeezing the venom glands to inject is a voluntary act on the snakes' part meaning that strikes against humans are generally defensive actions. Therefore, it is estimated that no venom is purposely injected in about half of all bites. This holds true with all pit vipers such as rattlesnakes. The stabbing strike of a pit viper can be recognized by one or two definite puncture wounds on the skin, and if venom is injected there will be intense, burning pain and swelling around the holes.

All poisonous snake bites are medical emergencies! Snake bites can cause severe local tissue damage and often require follow-up care. Here are helpful tips if you are ever bitten by a snake:

\* Try to safely and quickly identify the species of snake if practical and safe and move the victim to safety. Have one person take charge of the situation very early to improve life saving situation. If you stay calm, the person bitten will stay calmer and will have a better chance of survival.

\* Remove any jewelry or tight fitting clothing and quickly tie a light.  
Please see SNAKE SAFETY on page 8

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## HEADACHES...

Continued from page 3

noises or bright lights.

Headaches account for 157 million lost workdays in the U.S each year. Fortunately, more than 85 percent of headaches respond to treatment. But how can we head them off before they start?

Some recent clues: Brain scan studies suggest that all headaches -- tension, migraine, and cluster -- have the same root cause: an imbalance of brain chemicals called neurotransmitters. While genetics may be a factor, external events often cause the imbalance.

Common headache triggers include changes in hormones; sleep patterns (too much or too little); weather; certain medications or foods; alcoholic beverages; poor posture; bright lights; strong odors; and emotional stress and worry.

What can you do? First of all, identify your triggers. The U.S Headache Consortium, a group of seven organizations led by the American Academy of Neurology, have released recommendations for managing headaches which don't respond to self-care.

1. Record (this means writing the information down!) your headache pattern for at least a month, noting: the time of day and duration of the pain; the intensity and location of the pain; any changes in daily habits or environment; (for women) any hormonal factors such as pregnancy, PMS ; or taking birth control pills
2. Find a care provider you can work with in controlling your headaches. Discuss the extent to which headaches impact your daily life.
3. If headaches interfere with your daily routine or are difficult to control, talk to your provider about preventive medications such as beta-blockers or antidepressants.
4. Use pain medicine in moderation -- no more than 2 days a week, say some experts. Overuse may increase the frequency of headaches.
5. Find the treatment that works best for you. If a drug provides no relief after 3 separate episodes, consult with your provider about other options.

In addition, non-drug therapies and preventive measures such as stress management, massage, meditation, relaxation training, acupuncture, and aerobic exercise have been shown to reduce frequency and severity of headaches.

For those who fortunately only get an occasional headache, OTC (over-the-counter) drugs of choice are aspirin, acetaminophen, ibuprofen, ketoprofen, and naproxen sodium. Combination products with caffeine can enhance the action of the analgesics. OTC pain relievers work best if you take them as soon as headache pain begins. However, overuse of pain relievers can cause side effects, including headache, and you should not exceed the recommended dosage on the label unless directed by your care provider. Also, if you are taking other medications, it is important to consult your provider before using OTC products.

The bottom line is that headaches are a real 'headache', so to manage them when they become such, being aware of the triggering factors, along with improvements in nutrition, relaxation, and exercise can reduce the

severity and frequency of headache pain. If your headaches interfere with your daily activities and don't respond to self-care, consult your provider, discuss your headache history and explore treatment options. You should also seek medical care if you have fever, nausea, vomiting, a stiff neck; or had a recent head injury; problems with balance, hearing, speech or vision; new or more severe or frequent headaches; or confusion, numbness, seizures or weakness.

For more information about headache causes and treatments, you can call the National Headache Foundation at 1-888-NHF-5552 or visit their website at [www.headaches.org](http://www.headaches.org).

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## MEN'S HEALTH...

Continued from page 3

### What is the PSA test and do I need one?

Another way to check for prostate cancer is with a blood test called the PSA test. PSA is short for prostate-specific antigen. Men who have prostate cancer may have a higher level of PSA in their blood. However, the PSA level can also be high because of other, less serious causes such as infection.

Routine screening with a PSA Test is no longer recommended for men over age 50 or for younger men at increased risk of prostate cancer. The National Cancer Institute, the U. S. Preventive Services Task Force and the American Academy of Family Physicians believe the choice should be made by the patient and provider after a discussion about the risks and benefits of PSA screening, and by taking the patient preferences into consideration.

### What are the disadvantages of screening?

Screening for prostate cancer finds many cases of cancer, but may also finds conditions that aren't cancer. This means that some men may have to go through unneeded tests and worry to make sure that they don't have cancer.

In addition, PSA screening detects many cases of slow-growing cancers that cause few if any problems. Although these cancers can be treated, there's no proof that treatment helps men live longer. And treatment may be worse than the cancer itself. Treatment can cause serious problems, such as impotence (inability to get or keep an erection) and incontinence (loss of urine).

### How do I decide whether to be screened?

Talk to your primary Care Provider!

### What are the treatment options for prostate cancer?

One option is "watchful waiting." Watchful waiting means leaving the cancer alone and seeing your doctor regularly so he or she can track the cancer. This may be a good option for older men and those with slow-growing cancer. Even without treatment, these men typically can expect to live as long as men who don't have prostate cancer. At any time during watchful waiting, you can choose to switch to another treatment.

Surgery, radiation and drugs are other treatment options. They can cure prostate cancer if it's caught early. However, these treatments can cause serious problems, such as impotence and incontinence. Surgery or radiation may help treat the more aggressive cancers that are most often found in middle-aged men.

### Other screening tests for Men:

Annual Blood Pressure, Height, and Weight

Total cholesterol (men aged 35-65 every 5 years) May be performed sooner for any family history of elevated cholesterol, and/or heart problems or vascular problems.

Colon Cancer Screening:


Fecal occult blood test (Every year starting at age 50) Sigmoidoscopy (age 50 every 5 years or sooner as appropriate for history)

Colonoscopy (every 10 years starting at age 50)

\*See your Primary Care Provider for any rectal bleeding, abdominal pain, family history of colon cancer or polyps, and as always for any concerns! Your Primary Care Manager will give you guidance on which test is appropriate for you.

Dental and Eye health: Perform regular visits as directed and for any changes.

Adapted from the American Academy of Family Practice  
www.aafp.org and Guide to Clinical Preventive Services



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## AWARD...

Continued from page 1

nizes birth facilities that offer breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies.

There are more than 18,000 designated Baby-Friendly hospitals and birth centers worldwide. Currently there are 48 Baby-Friendly hospitals and birth centers in the United States. The 'Baby-Friendly' designation is given after a rigorous on-site survey is completed. The award is maintained by continuing to practice the Ten Steps as demonstrated by quality processes.

Further information about the U.S. Baby-Friendly Hospital Initiative may be obtained by contacting Baby-Friendly USA, 327 Quaker Meeting House Road, East Sandwich, MA 02537. Phone: 508-888-8092. Fax: 508-888-8050. Email [info@babyfriendlyusa.org](mailto:info@babyfriendlyusa.org). Web: [www.babyfriendlyusa.org](http://www.babyfriendlyusa.org).

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# SNAKE SAFETY...

Continued from page 6

restricting band both above and below the bite area a few inches away from the puncture/bite marks. Never tie a tight band around the bite area as this can cause the limb to be amputated later.

\* Keep the bitten limb below heart level as this will help keep the venom from circulating too quickly. If the area of the bite begins to swell and change color, the snake was probably poisonous.

\* Do not suck the venom from the wound. This has been shown in the long run to be ineffective in saving lives and it also puts you at risk of blood born diseases like hepatitis or HIV.

\* Rapidly apply antiseptic cleanser to the entire area and place a cold compress as closely as possible. Do not pack the area in ice or make the area too cold as this can lead to amputation of the bitten limb.

\* Check constriction bands periodically as swelling may occur and loosen as needed.

\* Monitor the victim for symptoms of shock and be prepared to administer appropriate treatment such as CPR.

\* Do not administer alcohol or cause additional stress to the victim. Also, avoid food or liquid intake.

\* Keep the victim warm and

immobilized as practical. Movement to a proper treatment facility is more crucial than maintaining immobile status.

\* As soon as safely possible, transport the victim to a competent medical facility. Ideally, all of the above steps can be performed at the same time as the victim is being transported. Keep the victim as comfortable as possible and reassure them that survival is not in question.

\* Identify the snake as best as possible as it usually takes several hours for snake venom to kill and the right antivenom can save the victim's life. Do not try to kill the snake as it may bite you, leaving two people in need of medical help instead of one!

## Patient Safety...

# Infection: Prevent Passing It On

This month we are focusing on a simple yet effective patient safety measure: preventing the spread of infection by washing your hands and covering your coughs. Many potentially harmful illnesses, such as influenza, respiratory syncytial virus (RSV), whooping cough, and severe respiratory syndrome (SARS), can be easily spread through coughing, sneezing and unwashed hands. The transmission of these pathogens can often be avoided by becoming aware of your own exposure and the exposure you cause to others, as well as by practicing proper hygienic techniques.

As Judy Daly of the American

Society for Microbiology stated, "The more people do their part to control the spread of infections, the less we have to use antibiotics, which lose their potency over time as bacteria develop resistance to them" (September 18, 2000). One must become mindful of the commonplace events that involve exposure to various microbes. These include such things as handling food products (especially raw meats), handling pets, eating, and being in close proximity to those who are sick. It is very important to wash your hands before and after participating in any of these activities.

Proper hand washing technique is also of great importance. The most advantageous means is through the use of soap and

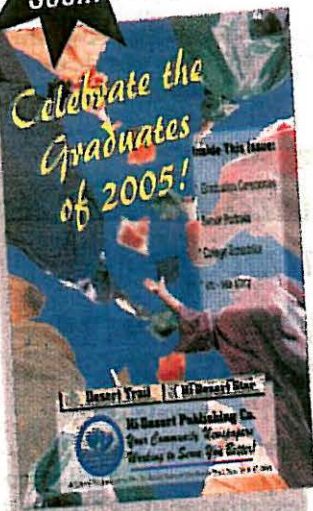
warm water. Soap should be lathered over all parts of the hands and fingers for at least 15 seconds followed by a thorough rinsing in warm water. Make sure to dry your hands well with a paper towel. Extra care can be taken by using the towel to shut off the water and open the restroom door. If soap and water are not available, however, the use of an alcohol-based cleanser can also provide adequate sanitation. Apply the hand cleanser liberally and rub over all parts of the hands and fingers until they are completely dry.

If you arrive at the Naval Hospital Twentynine Palms on account of your own illness, please be courteous to those around you. To help stop the spread of germs, cover your mouth and nose with a tissue when you cough or sneeze. As quickly as possible, discard the soiled tissue into a wastebasket. If you don't have a tissue, direct your cough or sneeze into the upper part of your sleeve, not your hands. If you are frequently coughing in a clinic waiting area or patient-care area, the front desk or nursing station can supply you with a mask.

So in the end, mom's advice is still the best -- wash your hands and cover your mouth when you cough. If all staff members, patients, and visitors of the Naval Hospital Twentynine Palms would follow these guidelines, the spread of infectious diseases would be significantly reduced. This, in turn, will save us all from the unnecessary expenditure of money, time, and lives.

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